IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA

JOHN EDWARD VINSON	Civil Action No (to be assigned by Clerk)
[Enter the full name of the plaintiff in this action]	(to be assigned by Clerk)
v.)	C O M P L A I N T State Prisoner
All CANNON CHARLESTON COUNTY DET. CAT.	, ,
- CAROLINA CENTER FOR OCCUPATIONAL HEALTH	2010 DI
- DR. Theoadore Jacobs, M.D.	DEC CLER
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Enter above the full name of defendant(s) in this action)	- EMB
	7.A.
I. PREVIOUS LAWSUITS	The second secon
otherwise related to your imprisonment? B. If your answer to A is Yes, describe the lawsuit in the space be additional lawsuits on another piece of paper using the same outl 1. Parties to this previous lawsuit: Plaintiff:	ine.
Defendant(s):	 -
2. Court: (If federal court, name the district; if state co	ourt, name the county)
3. Docket Number:	,,
4. Name(s) of Judge(s) to whom case was assigned:	
5. Disposition: (For example, was the case dismissed? Apple)	pealed? Pending?)
6. Approximate date of filing lawsuit:	
7. Approximate date of disposition:	

Complaint - State Prisoner Revised October 3, 2007

II.	PLA	ACE OF PRESENT CONFINEMENT
	A.	Name of Prison/Jail/Institution: Al CANNON Charles Tow County Det. Center
	В.	What are the issues that you are attempting to litigate in the above-captioned case? attempting to litigate the conductions of my confinament.
	C.	(1) Is there a prisoner grievance procedure in this institution? Yes No
		(2) Did you file a grievance concerning the claims you are raising in this matter? Yes No
		When 11-24-10 Grievance Number (if available)
	D.	Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your grievance)? YesNo
	E.	When was the final agency/departmental/institutional answer or determination received by you? well gotten one.
		If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.
	F.	If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes
	G.	If your answer is YES:
		1. What steps did you take? I talked with DR. Theodore Jacobs, M.D. in person
		2. What was the result? he said that al has to live with his decision
III.	PAR	TIES
	if a	
	A.	Name of Plaintiff: John E, Vinson Inmate No.: 462876
		Address: 3841 Leeds Ave. N. Charleston, S.C. 29405
		In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.
	B.	Name of Defendant: AI CANNON CHARLES TON COUNTY DETCAPOSITION: Sheri FF
		Place of Employment: (C.C.D.C) Charles Tow County Det. Cot.
	C.	Additional Defendants (provide the same information for each defendant as listed in Item B above):
		CAROLINA CENTER FOR OCCUPATIONAL HEAlth and DR. Theogodere JACOBS, MD.
		CHARLESTON COUNTY DET. CENTER - HEAD DOCTOR
		·

IV. STATEMENT OF CLAIM

State here, as briefly as possible, the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an extra sheet if necessary.

My complaint against AI Cannow Charles Tow

(OUNTY DET. CTR., is that there is no law library

there at all. so that che (we the invotes) can better

help ourselves in our own individual cases. cls

this not port of my, 6th amendment rights or

civil rights enland predow of speech? So what

can be done about this situation speeditly. Please

que me what che (we) need to help my, own sel.

This situation has been going on fan to long, it

is time by it to stop now! Also the good that is

being served here is not hit for a type 2 disbetic. You

really need to reform the diets that are now in pace

ch know that the county can do better. We fond needs

to be more medical heinfly to lit the right needs

of the medical staff so they can seve their patiences

(people) better.

P.S. Before mailing this form of just pund out that this july is given men some contificial sweeter in the drink that they seve may cause partiration cancer. Me beinged type 2 diabetic do you see me problem. I wished that a proceed in the matter. This is very very cure! IV. STATEMENT OF CLAIM - continued.

(Next Page Please)

cls it not the doctors rule or something that they (doctors) are to help the patiences to get better or maintain their conditions until they get out of being in pail? I strongly feel that something needs to be done should this matter now!

Thank you John E. Vinson

P.S. also the doctor has never told me about the fact that the chink that the inil seave with all meals has an artificial sweeter in it. Also this same sweeter soys on the package that it may cause partialic cancer. Now being a disbotic, you brow that is a very major problem! bomeone should have raif something to me so, it could have been my choice! This stuff has been destroying my insides for a Tony time without me knowledge and I don't like that!

tate briefly and exactly w	hat you want the co	ourt to do for you.	1 1.	/	, /	4
a would	Like to	y see a	laur ha	enery L	ere in place	e
or occur >						a a
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look at h						-
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(people). Pl	ease he	4 me	US), the	e is re	My cure	-
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declare under penal	ty of perjury th	at the foregoing	g is true and co	orrect.		
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	any of	bhn	E Var	10N		_
		Signature of	Plaintiff			

V. RELIEF